

# PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b)(5) and (e))

Prospective Employee Name: Roy Salinas ID Number: \_\_\_\_\_  
(print)

The prospective employee is required by Sec. 40.25(j) to respond to the following questions.

- 1) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check one: ☐ Yes ☒ No

- 2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one: ☐ Yes ☐ No

I certify that the information provided on this document is true and correct.

Prospective Employee Signature: [Signature] Date: 8-9-15

Witnessed By: \_\_\_\_\_ Date: \_\_\_\_\_  
(signature)



**PROSPECTIVE EMPLOYER:** The individual identified in SECTION 1 below has indicated that you employ(ed) or use(d) him/her within the last 3 years in a position that involved the operation of a commercial motor vehicle and/or that was subject to U.S. Department of Transportation (DOT)-regulated drug and alcohol testing.

In accordance with 49 CFR §§40.25 and 391.23, we are hereby requesting that you supply us with the Safety Performance History for this individual. Under DOT rule §391.23(g), you *must* respond to this inquiry within 30 days of receipt.

Please complete SECTIONS 2 through 4 (as applicable) and return to the prospective employer shown in SECTION 1.

**APPLICANT:** Complete SECTION 1 and submit to prospective employer.

**PROSPECTIVE EMPLOYER:** Remove Ply 3 and adjacent carbon, complete SECTION 5a on Ply 3, and send Ply 1 and 2 to current / previous employer. Upon receipt of completed form, complete SECTION 5b and retain.

**TO BE COMPLETED BY PROSPECTIVE EMPLOYEE**

I, (Print Name)

Ray Salinas  
First, M.I., Last

hereby authorize:

449-61-7667  
Social Security Number

Date of Birth

Previous Employer:

Email:

Street:

Telephone:

City, State, Zip:

Fax No.:

to release and forward the information requested by section 4 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from (date of employment application)

To:

Prospective Employer:

Telephone:

Attention:

Street:

City, State, Zip:

In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's confidential fax number:

Prospective employer's confidential email address:

Date

Applicant's Signature

**TO BE COMPLETED BY PREVIOUS EMPLOYER**

**EMPLOYMENT VERIFICATION**

The applicant named above was or is employed or used by us. Yes ☐ No ☐

Employed as (job title) from (m/y) to (m/y)

Did he/she drive a motor vehicle for you? Yes ☐ No ☐ If yes, what type? Straight Truck ☐ Tractor-Semitrailer ☐ Bus ☐ Cargo Tank ☐ Doubles/Triples ☐ Other (Specify)

Completed by:

Company:

Street:

City, State, Zip:

Telephone:

Date:

Signature:

Complete Sections 3 and 4 on SIDE 2 before returning.

PREVIOUS EMPLOYER: REMOVE CARBON BEFORE COMPLETING SIDE 2

ORIGINAL PROSPECTIVE EMPLOYER

*Safety Performance History Records Request*



**RECIPIENT EMPLOYER:** The individual identified in SECTION 1 below has indicated that you employ(ed) or use(d) him/her within the last 3 years in a position that involved the operation of a commercial motor vehicle and/or that was subject to U.S. Department of Transportation (DOT)-regulated drug and alcohol testing.

In accordance with 49 CFR §§40.25 and 391.23, we are hereby requesting that you supply us with the Safety Performance History of this individual. Under DOT rule §391.23(g), you *must* respond to this inquiry within 30 days of receipt.

Please complete SECTIONS 2 through 4 (as applicable) and return to the prospective employer shown in SECTION 1.

**APPLICANT:** Complete SECTION 1 and submit to prospective employer.

**PROSPECTIVE EMPLOYER:** Remove Ply 3 and adjacent carbon, complete SECTION 5a on Ply 3, and send Ply 1 and 2 to current / previous employer. Upon receipt of completed form, complete SECTION 5b and retain.

### TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name)

First, M.I., Last

hereby authorize:

Social Security Number

Date of Birth

Previous Employer:

Email:

Street:

Telephone:

City, State, Zip:

Fax No.:

to release and forward the information requested by section 4 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from (date of employment application)

To:

Prospective Employer:

Telephone:

Attention:

Street:

City, State, Zip:

In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's confidential fax number:

Prospective employer's confidential email address:

Date

Applicant's Signature

### TO BE COMPLETED BY PREVIOUS EMPLOYER

#### EMPLOYMENT VERIFICATION

The applicant named above was or is employed or used by us. Yes ☐ No ☐

Employed as (job title) from (m/y) to (m/y)

Did he/she drive a motor vehicle for you? Yes ☐ No ☐ If yes, what type? Straight Truck ☐ Tractor-Semitrailer ☐ Bus ☐

Cargo Tank ☐ Doubles/Triples ☐ Other (Specify)

Completed by:

Company:

Street:

City, State, Zip:

Telephone:

Signature:

Date:

Complete Sections 3 and 4 on SIDE 2 before returning.

PREVIOUS EMPLOYER: REMOVE CARBON BEFORE COMPLETING SIDE 2

ORIGINAL PROSPECTIVE EMPLOYER



**MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS**  
Under 49 C.F.R. 391.27

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

[illegible]

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

Driver's Signature

Motor Carrier's Name

Reviewed by (Signature)

Reviewed by (Printed Name)

Date of Certification

Motor Carrier's Address

Reviewed by (Title)

Date of Review

**Note:** This form is provided as a suggested format for a commercial motor vehicle driver's certification of violations. A motor carrier may use any format which complies with 49 CFR 391.21.



unit #110  
Roy

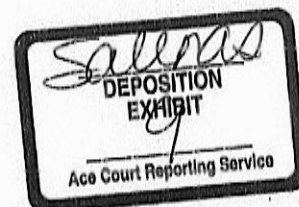
# C.H. Robinson Contract Addendum and Carrier Load Confirmation - #183835011

ATTENTION: Ruben Salinas Jr at Salinas Express LLC - T5247565  
Phone: (956) 763-7347 and Fax:

Carrier is required to check in with and obtain load requirements from C.H. Robinson, prior to arriving at Shipper, by calling (866) 581-0813 and asking for Load #183835011

| C.H. Robinson Communication   |                  |   |              |                |                     |              |  |
|---|------------------|---|--------------|----------------|---------------------|--------------|--|
| Customer-Specified Equipment Requirements   |                  |   |              |                |                     |              |  |
| Equipment:  | Van - Exact L=53 |   |              |                |                     |              |  |
| Temp Control:   | N                |   |              |                |                     |              |  |
| C.H. Robinson's Customer requires that the Carrier arrives at Shipper with the following specific equipment to properly transport this shipment:<br>2 load bars are required to secure this shipment. |                  |   |              |                |                     |              |  |
| <b>SHIPPER #1:</b>  |                  | CreaFill Fibers Corp. CFF                 |              |                | Pick Up Date:       |              | 10/20/15                               |
| Address:  |                  | 10200 Worton Rd.<br>Chestertown, MD 21620 |              |                | *Scheduled to Pick* |              |  |
|   |                  |   |              |                | Pick Up Time:       |              | Contact CHR for scheduling information |
| Phone:  |                  | (410) 810-0779                            |              |                | Pickup#: Becky      |              |  |
|   |                  |   |              |                | Appointment#:       |              |  |
| Please ask for and confirm receipt of:  |                  |   |              |                |                     |              |  |
| <b>Commodity</b>  | <b>Est Wgt</b>   | <b>Units</b>                              | <b>Count</b> | <b>Pallets</b> | <b>Temp</b>         | <b>Ref #</b> |  |
| Creafill Fibers   | 43,500           | Pallet(s)                                 |              | 20             |                     |              |  |
| <b>Shipper Instructions</b>   |                  |   |              |                |                     |              |  |
| <b>RECEIVER #1:</b>   |                  | Braniff Transport Cargo                   |              |                | Delivery#:          |              |  |
| Address:  |                  | 13599 N Lamar Dr<br>LAREDO, TX 78045-1801 |              |                | Appointment#:       |              |  |
| Phone:  |                  | (956) 717-3115                            |              |                |                     |              |  |
| Please confirm delivery of:   |                  |   |              |                |                     |              |  |
| <b>Commodity</b>  | <b>Est Wgt</b>   | <b>Units</b>                              | <b>Count</b> | <b>Pallets</b> | <b>Temp</b>         | <b>Ref #</b> |  |
| Creafill Fibers   | 43,500           | Pallet(s)                                 |              | 20             |                     |              |  |
| <b>Receiver Instructions</b>  |                  |   |              |                |                     |              |  |

Sen + on  
10/28/15





# C.H. Robinson Contract Addendum and Carrier Load Confirmation - #183835011

| Rate Details                |        |            |                   |
|-----------------------------|--------|------------|-------------------|
| Service for Load #183835011 | Amount | Rate       | Extended          |
| Line Haul - FLAT RATE       | 1      | \$2,300.00 | \$2,300.00        |
| <b>Total:</b>               |        |            | <b>\$2,300.00</b> |

## SUBMIT FREIGHT BILL TO:

CHRW Quick Pay Billing  
P.O. Box 3474  
Chicago, IL 60654  
LoadDocs@CHRobinson.com

To insure prompt payment, all billing must be accompanied by an invoice with the Carrier Name and C.H. Robinson Load Number

## Fuel Surcharge Information

Please note that C.H. Robinson has included a \$371.70 fuel surcharge within the listed transportation rate on this confirmation. The fuel surcharge is an estimate based off of a weekly national average fuel price from the U.S. Department of Energy.

## QUICK PAY and CASH ADVANCE

**QUICK PAY** - If you are a Carrier who utilizes C.H. Robinson's Quick Pay Program, you may email your invoice and required paperwork to LoadDocs@chrobinson.com or visit CHRWTrucks.com for other scanning options. Funds will be released from C.H. Robinson, minus the fixed discount, within two business days from receipt of complete and legible paperwork. Paperwork received by 12:00 noon (CST) will be counted as same day; paperwork received after 12:00 noon (CST) will count as the next business day. Carriers enrolled in Quick Pay are no longer required to submit original paperwork for payment in addition to using one of our billing methods unless otherwise instructed by C.H. Robinson. Carrier shall retain custody of the original paperwork and provide it to C.H. Robinson upon Request.

C.H. Robinson also recommends that Carrier only submit "receipt" for payment once, regardless of billing method to avoid additional fees. If you would like more information about becoming enrolled in Quick Pay, please contact the Quick Pay Department at (800) 326-9977. For a list of our billing options, please visit CHRWTrucks.com.

**CASH ADVANCE** - Carriers may request a cash advance from C.H. Robinson to be issued at C.H. Robinson's discretion as a partial settlement to the agreed upon rate. All cash advances will be deducted from final settlement, including a \$15 transaction fee for each individual advance.

## Directions

Any directions given by C.H. Robinson or its Customers, whether orally and/or electronically, are for informational purposes only. It is the Carrier's sole responsibility to confirm that it may lawfully and safely operate its vehicle and its contents over any road, highway, bridge and/or route. Carrier shall be solely responsible for any fines, penalties, or citations that may be levied as a result of operating its vehicle equipment and its contents in any way that may be found to be in violation of any regulation, law or ordinance.

## Shipper's Driving Directions

SHIPPER 1 - CreaFill Fibers Corp. CFF: FROM THE NORTH (PHILLY/NEW JERSEY)-- Follow I-95 south to rte 1 south. (a toll road). Take rte 1 to route 896/301. (To avoid the toll, exit immediately after the c&d canal bridge on Rte 13 South and follow it to 896/301) Follow 301 S to exit for rte 290 and proceed South to Galena, MD. At the intersection in Galena go straight on to rte 213 south to rte 297. (suds n soda on the right) Turn rig





# C.H. Robinson Contract Addendum and Carrier Load Confirmation - #183835011

## C.H. Robinson Contract Addendum and Carrier Load Confirmation Conditions

THIS LOAD CONFIRMATION IS SUBJECT TO THE TERMS OF THE AGREEMENT FOR MOTOR CONTRACT CARRIER SERVICES ("AGREEMENT") PREVIOUSLY EXECUTED BETWEEN OUR COMPANIES AND THIS CONSTITUTES AN ADDENDUM TO THE TERMS OF THAT AGREEMENT. WE AGREE TO PAY THE RATES AND CHARGES SHOWN ABOVE AND NO DIFFERENT TARIFF RATE OR SCHEDULE OF RATES APPLY. THIS LOAD CONFIRMATION IS INCLUSIVE OF ALL CHARGES. UNLESS ORAL AND WRITTEN FAX OBJECTIONS ARE MADE TO ITS TERMS, AT THE EARLIER OF WITHIN TWENTY-FOURS (24) HOURS OF RECEIPT OR PRIOR TO WORK BEING INITIATED, YOU HAVE AGREED TO THESE TERMS.

### Additional Terms

1.

Unless C.H. Robinson provides written notice herein that this term does not apply to this shipment, Carrier's motor vehicle equipment shall be dedicated to Broker's exclusive use while transporting freight tendered by Broker (C.H. Robinson Worldwide, Inc. and affiliates) pursuant to this Load Confirmation and Carrier's Agreement with C.H. Robinson. Carrier's violation of this exclusive use requirement shall result in Carrier's forfeiting its right to be paid for the transportation services contemplated by this Load Confirmation, not as penalty, but as liquidated damages.

2.

T-Chek requests made outside of the C.H. Robinson branch's regular business hours may not be authorized. If carrier requires T-Chek advance, carrier must make arrangements with the C.H. Robinson booking branch during their normal business hours and/or upon booking this shipment.

3.

This rate is contingent upon successful and on-time completion of all load terms as orally stipulated or written on this addendum and rate may be subject to reduction if carrier fails to complete any shipment terms and conditions. Rate may be reduced if load picks up or delivers after originally scheduled time and date. Carrier acknowledges that failure to complete any terms and conditions on this shipment may jeopardize or result in loss of future business opportunities with C.H. Robinson and/or cancellation of C.H. Robinson carrier contract.

4.

Accessorial charges (including but not limited to labor, detention, and/or layover charges) must be authorized and approved prior to or at time of occurrence. C.H. Robinson will not provide any reimbursement of any non, prior-approved accessorial charges. Carrier shall ensure the bill of lading is notated either when handling is required or when detention occurs, that a lump sum receipt is provided when a lump sum is hired, and/or that both are included as supporting documents with the Carrier's invoice. All overage, shortage, and damage must be reported to C.H. Robinson immediately, at time of occurrence, and noted on the bill of lading.

5.

C.H. Robinson's Customer requires that Carrier provide tracking updates, for this shipment, through C.H. Robinson, around the following events via EDI or via chrwtrucks.com (unless otherwise specified on this confirmation):

- Arrival at and departure from Shipper(s) within thirty (30) minutes of occurrence
- A minimum of one check call per day, prior to 10:00am, each day that Carrier is in possession of this shipment
- Arrival at and departure from Receiver(s) within thirty (30) minutes of occurrence

6.

For any problems or issues after regular business hours or over the weekends, please contact C.H. Robinson at (800) 443-4010.

7.

Pursuant to C.H. Robinson carrier contract, carrier will provide an amount of cargo insurance coverage sufficient to cover the loss or damage of any commodities and cargo carried. Carrier's cargo insurance policy must not exclude from coverage any commodities or cargo carried on this order. If carrier's cargo insurance policy contains a schedule of covered vehicles, carrier will not transport any cargo on this shipment using a vehicle that is not listed as a scheduled vehicle on carrier's cargo insurance policy.







CreaFill Fibers Corp.

10200 Worton Road  
Chestertown, MD 21620  
410.810.0779/ 800.832.4662  
410.810.0793 fax / fiber@creafill.com

# Bill of Lading

NOT NEGOTIABLE

Shipper No: 17900

Date: 10/20/2015

PO No.: 15187

CARRIER NAME: CH ROBINSON

| TO:                              | FROM:                 |
|----------------------------------|-----------------------|
| Mocayco C/O S.G. Forwarding Inc. | CREAFILL FIBERS CORP  |
| 13599 N. Lamar Drive             | 10200 WORTON ROAD     |
| Laredo, TX 78045                 | CHESTERTOWN, MD 21620 |
| 956-725-9159                     | 410-810-0779          |

| NO. OF SHIPPING UNITS  | KIND OF PACKAGING, DESCRIPTION OF ARTICLES<br>SPECIAL MARKS AND EXCEPTIONS | WEIGHT<br>(Subject to Correction) | CHARGES  |
|--|--|-----------------------------------|--|
| 20 PLTS  | Cellulose Fibers - SC 90 - 960/ 44 LB BAGS =                               | 42,240                            | 43,240   |
| <p><i>Pablo Esparza</i><br/><i>Pablo Esparza</i><br/><i>10-21-15</i></p> |  |                                   | Prepaid  |
|  |  |                                   |  |
|  |  |                                   |  |
|  |  |                                   |  |
|  |  |                                   |  |
| SEAL NO: UL-2091630  |  |                                   |  |
| THIRD PARTY BILL TO ADDRESS:   |  |                                   | CLASS: 55<br>NMFC: 41910.02                          |
| SHIPPING INSTRUCTIONS:   |  |                                   | For Shipping Use Only                                |
| THREE LOAD LOCKS AND/OR STRAPS REQUIRED                                  |  |                                   | Total Charges: \$                                    |
|  |  |                                   | Payment  |
|  |  |                                   | Shipper/ Prepaid <input checked="" type="checkbox"/> |
|  |  |                                   | Recipient/ Collect <input type="checkbox"/>          |
|  |  |                                   | Third Party <input type="checkbox"/>                 |
| SHIPPER: CreaFill Fibers Corp.   | CARRIER: CH Robinson   |                                   |  |
| PER: REBECCA L. SPRAY  | PER: <i>Rey Salazar</i>  |                                   |  |
| DATE: 10/20/2015   | DATE: 10-20-15   |                                   |  |

The shipper certifies that the above named materials are properly classified, described, marked, labeled and packaged, and are in proper condition for transportation, according to the applicable regulations of the Department Of Transportation.

RECEIVED Subject to the classifications and lawfully filed tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown) marked, consigned and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property that every service to be performed hereunder shall be subject to all the Bill of Lading terms and conditions in the governing classification on the date of shipment. Shipper hereby certifies that he is familiar with all the Bill of Lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

NOTICE Freight moving under this Bill of Lading is subject to the classifications and lawfully filed tariffs in effect on the date of this Bill of Lading. This notice supersedes and negates any claimed, alleged or asserted oral or written contract promise, representation or understanding between the parties with respect to this freight, except to the extent of any written contract which establishes lawful contract carriage and is signed by authorized representatives of both parties to the contract.



# DRIVER'S DAILY LOG

(24 HOURS)

Original - File at home terminal  
Duplicate - Driver retains in his/her possession for eight days

**RECAP**  
Complete at end of workday.

10 / 18 / 15  
(Month) (Day) (Year)

Total Miles Driving Today Total Mileage Today

Salinas Express  
Name of Carrier or Carriers  
340 Linder St - Zapata, TX  
Main Office Address

Home Terminal Address

I certify these entries are true and correct:

Driver's Full Signature

Co-Driver's Name

Truck/Tractor and Trailer Numbers or License Plate(s) / State (show each unit)

|                          | MID-NIGHT | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | NOON | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | TOTAL HOURS |
|--------------------------|-----------|---|---|---|---|---|---|---|---|---|----|----|------|---|---|---|---|---|---|---|---|---|----|----|-------------|
| 1. OFF DUTY              |           |   |   |   |   |   |   |   |   |   |    |    |      |   |   |   |   |   |   |   |   |   |    |    | 6           |
| 2. SLEEPER BERTH         |           |   |   |   |   |   |   |   |   |   |    |    |      |   |   |   |   |   |   |   |   |   |    |    | 24          |
| 3. DRIVING               |           |   |   |   |   |   |   |   |   |   |    |    |      |   |   |   |   |   |   |   |   |   |    |    | 0           |
| 4. ON DUTY (NOT DRIVING) |           |   |   |   |   |   |   |   |   |   |    |    |      |   |   |   |   |   |   |   |   |   |    |    | 0           |

REMARKS

SHIPPING DOCUMENTS:

B/L or Manifest No.  
or

Shipper & Commodity

Enter name of place you reported and where released from work and when and where each change of duty occurred.

From:

To:

USE TIME STANDARD AT HOME TERMINAL

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19361 (545-MP)

# DRIVER'S DAILY LOG

(24 HOURS)

Original - File at home terminal  
Duplicate - Driver retains in his/her possession for eight days

**RECAP**  
Complete at end of workday.

10 / 15 / 15  
(Month) (Day) (Year)

Total Miles Driving Today Total Mileage Today

Salinas Express  
Name of Carrier or Carriers  
340 Linder St - Zapata, TX  
Main Office Address

Home Terminal Address

I certify these entries are true and correct:

Driver's Full Signature

Co-Driver's Name

Truck/Tractor and Trailer Numbers or License Plate(s) / State (show each unit)

|                          | MID-NIGHT | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | NOON | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | TOTAL HOURS |
|--------------------------|-----------|---|---|---|---|---|---|---|---|---|----|----|------|---|---|---|---|---|---|---|---|---|----|----|-------------|
| 1. OFF DUTY              |           |   |   |   |   |   |   |   |   |   |    |    |      |   |   |   |   |   |   |   |   |   |    |    | 50          |
| 2. SLEEPER BERTH         |           |   |   |   |   |   |   |   |   |   |    |    |      |   |   |   |   |   |   |   |   |   |    |    | 14.25       |
| 3. DRIVING               |           |   |   |   |   |   |   |   |   |   |    |    |      |   |   |   |   |   |   |   |   |   |    |    | 8           |
| 4. ON DUTY (NOT DRIVING) |           |   |   |   |   |   |   |   |   |   |    |    |      |   |   |   |   |   |   |   |   |   |    |    | 1.25        |

REMARKS

SHIPPING DOCUMENTS:

B/L or Manifest No.

Shipper & Commodity

Enter name of place you reported and where released from work and when and where each change of duty occurred.

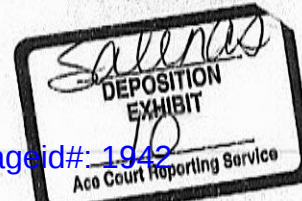
From:

To:

USE TIME STANDARD AT HOME TERMINAL

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19361 (545-MP)







10 / 30 / 15  
(Month) (Day) (Year)

370

Total Miles Driving Today Total Mileage Today

# DRIVER'S DAILY LOG

(24 HOURS)

Original - File at home terminal  
Duplicate - Driver retains in his/her possession for eight days

Complete at end of workday.

SALINAS EXPRESS

Name of Carrier or Carriers

240 Loden St Zapata, TX

Main Office Address

Home Terminal Address

I certify these entries are true and correct:

Truck/Tractor and Trailer Numbers or License Plate(s) / State (show each unit)

Driver's Full Signature

Co-Driver's Name

TOTAL HOURS

| MID-NIGHT                | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | NOON | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | TOTAL HOURS |
|--------------------------|---|---|---|---|---|---|---|---|---|----|----|------|---|---|---|---|---|---|---|---|---|----|----|-------------|
| 1. OFF DUTY              |   |   |   |   |   |   |   |   |   |    |    |      |   |   |   |   |   |   |   |   |   |    |    | 2.5         |
| 2. SLEEPER BERTH         |   |   |   |   |   |   |   |   |   |    |    |      |   |   |   |   |   |   |   |   |   |    |    | 18.50       |
| 3. DRIVING               |   |   |   |   |   |   |   |   |   |    |    |      |   |   |   |   |   |   |   |   |   |    |    | 4           |
| 4. ON DUTY (NOT DRIVING) |   |   |   |   |   |   |   |   |   |    |    |      |   |   |   |   |   |   |   |   |   |    |    | 7.5         |

REMARKS

SHIPPING DOCUMENTS:

15187

B/L or Manifest No.

OR Ceresill Fibers Corp.

Shipper & Commodity

Enter name of place you reported and where released from work and when and where each change of duty occurred.

From: Moorhead, MD

To: Chester, MD / Larcab, Co

19361 (545-MP)

USE TIME STANDARD AT HOME TERMINAL

Copyright 2013 J. J. Keller & Associates, Inc. All rights reserved.

D. Total hours available tomorrow, 70 hr. minus A.\*

E. Total hours on duty last 7 days, including today.

60 Hr./7 Day Drivers

A. Total hours on duty last 7 days, including today.

B. Total hours available tomorrow, 70 hr. minus A.\*

C. Total hours on duty last 7 days, including today.

\*If you meet the 34-hour restart requirements in 49CFR 395.3, you have 68/70 hours available again.



10 / 21 / 15  
(Month) (Day) (Year)

155

Total Miles Driving Today Total Mileage Today

# DRIVER'S DAILY LOG

(24 HOURS)

Original - File at home terminal  
Duplicate - Driver retains in his/her possession for eight days

RECAP Complete at end of workday.

SALINAS EXPRESS

Name of Carrier or Carriers

240 Loden St Zapata, Co

Main Office Address

Home Terminal Address

I certify these entries are true and correct:

Truck/Tractor and Trailer Numbers or License Plate(s) / State (show each unit)

Driver's Full Signature

Co-Driver's Name

TOTAL HOURS

| MID-NIGHT                | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | NOON | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | TOTAL HOURS |
|--------------------------|---|---|---|---|---|---|---|---|---|----|----|------|---|---|---|---|---|---|---|---|---|----|----|-------------|
| 1. OFF DUTY              |   |   |   |   |   |   |   |   |   |    |    |      |   |   |   |   |   |   |   |   |   |    |    | 1.50        |
| 2. SLEEPER BERTH         |   |   |   |   |   |   |   |   |   |    |    |      |   |   |   |   |   |   |   |   |   |    |    | 19          |
| 3. DRIVING               |   |   |   |   |   |   |   |   |   |    |    |      |   |   |   |   |   |   |   |   |   |    |    | 2.25        |
| 4. ON DUTY (NOT DRIVING) |   |   |   |   |   |   |   |   |   |    |    |      |   |   |   |   |   |   |   |   |   |    |    | 2.25        |

REMARKS

SHIPPING DOCUMENTS:

15187

B/L or Manifest No.

OR Ceresill Fibers

Shipper & Commodity

Enter name of place you reported and where released from work and when and where each change of duty occurred.

From: Toms Brook, VA

To: Laredo, TX

19361 (545-MP)

USE TIME STANDARD AT HOME TERMINAL

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On-duty hours today, (Total lines 3 & 4)

70 Hr./8 Day Drivers

A. Total hours on duty last 7 days, including today.

B. Total hours available tomorrow, 70 hr. minus A.\*

C. Total hours on duty last 7 days, including today.

60 Hr./7 Day Drivers

A. Total hours on duty last 7 days, including today.

B. Total hours available tomorrow, 70 hr. minus A.\*

C. Total hours on duty last 7 days, including today.

\*If you meet the 34-hour restart requirements in 49CFR 395.3, you have 68/70 hours available again.







# DRIVER'S DAILY LOG

Original - File at home terminal  
Duplicate - Driver retains in his/her possession for eight days

RECAP  
Complete at  
end of workday.

(Month) (Day) (Year)

*Salinas Express*

Name of Carrier or Carriers

*240 Lodi St. - 1 Zapala, Co*

Main Office Address

On-duty hours  
today (Total  
lines 1 & 4)

70 Hr./8 Day  
Drivers

Total Miles Driving Today Total Mileage Today

Home Terminal Address

I certify these entries are true and correct:

*Roy Salinas*

Driver's Full Signature

Co-Driver's Name

Truck/Tractor and Trailer Numbers or  
License Plate(s) / State (show each unit)

A. Total hours on  
duty last 7 days,  
including today.

B. Total hours  
available  
tonorrow,  
73 hr. minus A.

C. Total hours on  
duty last 8 days,  
including today.

90 Hr./7 Day  
Drivers

A. Total hours on  
duty last 6 days,  
including today.

B. Total hours  
available  
tomorrow  
(63 hr. minus A.)

C. Total hours on  
duty last 7 days,  
including today.

\*If you meet the  
34-hour restart  
requirements in  
12 hours you have  
6070 hours  
available.

1. OFF DUTY

2. SLEEPER  
BERTH

3. DRIVING

4. ON DUTY  
(NOT DRIVING)

REMARKS

|                          | MID-NIGHT |   |   |   |   |   |   |   |   |    |    | NOON |   |   |   |   |   |   |   |   |    |    | TOTAL<br>HOURS |
|--------------------------|-----------|---|---|---|---|---|---|---|---|----|----|------|---|---|---|---|---|---|---|---|----|----|----------------|
|                          | 1         | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 1    | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |                |
| 1. OFF DUTY              |           |   |   |   |   |   |   |   |   |    |    |      |   |   |   |   |   |   |   |   |    |    | 24             |
| 2. SLEEPER BERTH         |           |   |   |   |   |   |   |   |   |    |    |      |   |   |   |   |   |   |   |   |    |    | 0              |
| 3. DRIVING               |           |   |   |   |   |   |   |   |   |    |    |      |   |   |   |   |   |   |   |   |    |    | 0              |
| 4. ON DUTY (NOT DRIVING) |           |   |   |   |   |   |   |   |   |    |    |      |   |   |   |   |   |   |   |   |    |    | 0              |

SHIPPING  
DOCUMENTS:

B/L or Manifest No.  
or

Shipper & Commodity

*10-22-15 To 10-31-15*

*Off-Duty*

Enter name of place you reported and where released from work and when and where each change of duty occurred.

To:

From:

USE TIME STANDARD AT HOME TERMINAL

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19361 (545-MP)





*Salerno*  
DEPOSITION  
EXHIBIT  
Ace Court Reporting Service

ille Safety Rest Area



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